

Harper College EMERGENCY MEDICAL TECHNICIAN (EMT) Program Registration Permit

(Submit to the Health Careers Division Office, Avanté Center, Room X250)

SEMESTER AND YEAR OF INTENDED ENROLLMENT	
_____ SPRING (YEAR)	_____ FALL (YEAR)

PLEASE PRINT:

Name:		
Former Name(s):	E-mail Address:	
Date of Birth: (Month / Day / Year)	Home Phone Number:	Alternate Phone Number:

Prerequisite Checklist for the Emergency Medical Technician Course (EMS110)

All of the following must be satisfied before you submit this Registration Permit. If not, the form will be returned to your address on record with the College.

Official final high school transcript with graduation date posted or acceptable equivalent.*
*This document will be used to determine if you have satisfied the minimum age (18) prerequisite.
If previously enrolled at Harper College, minimum gpa of 2.0. If your Harper College gpa is below 2.0, you must meet with a Student Development counselor who will determine if you are eligible for a waiver of the gpa prerequisite.

Once your request has been processed, you will be notified *by email* that you can register for the class according to the registration schedule in place for the current term.

I have carefully reviewed the Harper College Emergency Medical Technician prerequisites. I understand what is required as well as my responsibility in satisfying them in order to be eligible to register for EMS 110. Further, I understand that:

- It is my responsibility to see that required documents have been received;
- If I do not enroll this term, I must submit a new request form and satisfy all prerequisites for a future tem.

Signature: _____ Date: _____

For Office Use Only:

<input type="checkbox"/> Final high school transcript or equivalent <input type="checkbox"/> 2.0 GPA minimum / Counselor waiver <input type="checkbox"/> Minimum age 18	<input type="checkbox"/> To Registrar's Office <input type="checkbox"/> Attribute code entered <input type="checkbox"/> Email date
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